

Bilateral Radial Artery Approach for Subclavian Artery Stenting-a Promising Alternative

Tao Qiu*

Department of Neurology, Zigong First People's Hospital, Ziliujing District, Zigong City, Sichuan Province, China

*Correspondence: Tao QIU, Department of Neurology, Zigong First People's Hospital, Ziliujing District, Zigong City, Sichuan Province, China, E-mail: qiutao_zgyyy@163.com; DOI: 10.1042/JN.5.1.0010

Abstract

The management of symptomatic subclavian artery stenosis has evolved significantly with the advent of endovascular techniques. While the transfemoral approach has long been the standard access route for stent delivery, recent advancements have highlighted the potential of trans radial access as a viable and often advantageous alternative.

Keywords: Subclavian artery stenosis, Radial artery access, Femoral artery access, Stent, Endovascular therapy

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About the study

Our recent single-center retrospective study compared the bilateral radial artery approach with the conventional femoral approach for subclavian artery stenting. The findings demonstrated that the bilateral radial approach is not only equally effective but also associated with several clinically meaningful benefits: shorter procedural time, significantly reduced radiation exposure, lower postoperative pain, decreased length of hospital stay, and reduced overall hospitalization costs. Importantly, the radial approach was linked to a markedly lower incidence of puncture site complications (4.8% vs. 19.0%, $P=0.028$), enhancing patient safety and comfort.

These advantages are particularly relevant in patients with challenging vascular anatomy, such as type III aortic arches or proximal left subclavian lesions, where femoral access can be technically difficult. The bilateral radial strategy-using one side for guidance and the other for stent delivery-offers a streamlined, patient-centered alternative that aligns with modern trends toward minimally invasive, ambulatory-friendly interventions.

Nevertheless, the approach is not without limitations, including the need for bilateral puncture, risk of radial artery spasm, and constraints in stent size deliverability. Further prospective, multicenter studies are needed to validate long-term outcomes, including stent patency and radial artery occlusion rates.

Conclusion

The bilateral radial artery approach represents a safe, efficient, and cost-effective option for subclavian artery stenting. With appropriate patient selection and operator expertise, it deserves consideration as a first-line strategy in contemporary neurointerventional practice.